

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

25810

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 228

## 1. PLACE OF DEATH:

- (a) County Pettis  
Sedalia  
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAMEEdgar H. Lutman

3. (b) If veteran,
- 
- name war \_\_\_\_\_

3. (c) Social Security
- 
- No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
/ divorced Married  
6. (b) Name of husband or wife May Lutman 6. (c) Age of husband or wife if  
alive 40 years  
7. Birth date of deceased August 13, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 11 23 hr. min.

9. Birthplace
- Hastings
- Missouri
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Merchant & Farmer

11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name I.W. Lutman  
13. Birthplace Versailles Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lorenda Wickliffe  
15. Birthplace Hastings Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. E.H. Lutman

- (b) Address
- Warsaw, Mo.

17. (a)
- Removal
- (b) Date thereof
- July 16-41
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Warsaw, Mo.

18. (a) Signature of funeral director
- Gillespie Funeral Home
- 
- Sedalia, Mo.

- (b) Address \_\_\_\_\_

19. (a)
- 7/16/41
- (b)
- Mrs. Harry Sneed
- 
- (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Benton  
(c) City or town Warsaw  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from March  
1941 to July 16 1941  
that I last saw him alive on 7/16 1941  
and that death occurred on the date and hour stated above.

- Immediate cause of death Hemoptysis Duration 5da

- Due to Pulmonary tuberculosis 4yr  
Bilateral

- Due to 13P  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings:
- 
- Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature ST Syer (M. D. or other) D  
Address Sedalia Mo Date signed 7/16-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Case filed 8-6-41

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*L. E. Boulton*

Licensed Embalmer No.

*3867*

P. O. Address

*Sealia Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**